Lindar the Panson	end Radudina Ari e	1995 Ad Densi	ins am ma (md in n	U.S. Peten Renord to a collection	App Potent bne I Complete bn A	roved for use throug reads Office; U.S. Of the perform 0 display	PTO/58/17 (12:04/2) h 07/31/2008, OMB 0651-0032 EPARTMENT OF COMMERCE m world OMB monthal number	
		Complete If Known						
FEE TRANSMITTAL For FY 2005				Application Number New Application				
				Filing Date	December 29, 2004			
				First Named Inv	-	yala Barak		
C Applicant of		Examiner Name	, I	nassigned				
Applicant claims small entity status. See 37 CFR 1.27				Art Unii		unassigned		
TOTAL AMOUNT OF PAYMENT (\$) 1,020.00			Attorney Docke	et No. 283022-101D				
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify);								
Deposit Account Deposit Account Number, 50-2787 Deposit Account Name: Dechart, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check of that apply)								
Charge fee(s) indicated below Charge lee(s) the filing fee								
Charge any additional fee(a) or underpayments of fee(a)								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2018.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILI	NG FEES	SEAR	CH FEES	EXAM	NATION FEES		
Application	Type Fee!	Small End Fee (\$)	ity	Small Entity	Fee (S	Small Entity	Fees Pald (\$)	
Utility	300	150	500	250 Eee (\$)	200	1 .5ee (\$) 100	rees raid (3)	
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	30Ó		
Provisional	200	100	0	0	000	300		
2. EXCESS CLAIM FEES Small Polity								
Fee Descripti		<u>Fee (\$)</u>	Fee (5)					
Each claim over 20 (including Reissucs)  Each independent claim over 3 (including Reissues)						50 200	25	
Multiple dependent claims 200 100 180								
Total Claims Extra Claims Fee (5) Fee Paid (5)						Multiple Dependent Claims		
+IP = highest number of total claims paid for, if greater than 20.						Fee (\$)	Fee Pald (\$)	
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)							*	
- 3 or HP = HP = HP = HP = HP = N = HP = HP								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Compared to the property of the part of th								
100 a /50 a (round up to a whote number) x								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)	
Other (e.g., late filing surcharge): extension fee							1.020.00	
SUBMITTED BY								
Signature	John S. R.		F	Registration No. 33	.771	Telephon	<sup>6</sup> 202-261-3375	
Name (Print/Type) John W. Ryan						Date January 3, 2005		

This collection of information is required by \$7 CFR 1.156. The information is required to obtain or reprine benefit by the public which is to file (and by the USPTO to process) an application. Confidentiately is governed by 35 U.S.C. 122 and 97 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gethering, preparing, and submitting the completed application form to the USPTO. Tame will vary depending upon the information of manufactures and complete bits form and/or suggestions for reducing this burden, should believe to the Crief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commission, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEMP FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.